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Application or Docket Number

10/046800

PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number			
CLAIMS AS FILED - PART I				OTHER THAN SMALL ENTITY OR SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEES	RATE	FEES
BASIC FEE 370				\$ 370			
TOTAL CLAIMS 54	minus 20 =	34		\$ 39 =	306	OR \$ 39 =	\$ _____
INDEPENDENT CLAIMS 1	minus 3 =	0		\$ 42 =	0	OR \$ 42 =	\$ _____
MULTIPLE DEPENDENT CLAIM PRESENT (370)				\$ 0 =	0	OR \$ 0 =	\$ _____
				TOTAL	676	OR TOTAL	
* If the entry in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED - PART II				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total 10/4-04	54	minus	54	\$ _____		OR \$ 5 =	
Independent 10/4-04	1	minus	3	\$ _____		OR \$ 1 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (370)				\$ 42 =		OR \$ 42 =	
				TOTAL	ADDIT. FEE	OR TOTAL	ADDIT. FEE
AMENDMENT B				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total 10/4-04	54	minus	54	\$ 5 =		\$ 18 =	36
Independent 10/4-04	3	minus	3	\$ 1 =		\$ 1 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (370)				\$ 36 =		OR \$ 36 =	
				TOTAL	ADDIT. FEE	OR TOTAL	ADDIT. FEE
AMENDMENT C				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total 2/14/05	54	minus	54	\$ 5 =		OR \$ 5 =	
Independent 2/14/05	3	minus	3	\$ 1 =		\$ 1 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (370)				\$ 36 =		OR \$ 36 =	
				TOTAL	ADDIT. FEE	OR TOTAL	ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 2.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Service Fee Statement: This form is estimated to take 0.3 hours to complete. Time will vary depending upon the needs of the individual case. Any questions on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

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